VIRGINIA DEPARTMENT OF HEALTH
Virginia Medical Interpreter Training Grants Program

APPLICATION FORM

Interpretive Services
Servicios
Interpretacion

Please type or print with ink.

Section 1 - Personal Data

Applicant Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Day Phone: ( ) - _____ Evening Phone: ( ) - _____

Mobile Phone: ( ) - _____ Fax: ( ) - _____

Email Address: _____ _____

Section 2 – Interpreter Education

Proficiency Testing (Only applicants who have passed a proficiency testing will be considered for this Grant opportunity.)

Proficiency Tested in Which Language(s): _____

Name of Course _____

Provider/Organization Who Conducted the Proficiency Test? _____

Date of Proficiency Testing? _____ Result of Proficiency Testing: ☐ Passed ☐ Failed

Proficient Languages: _____

Medical Interpreter Training Course For This Grant Application

Name of Interpreter Training Course: _____

Name of Course Provider/Organization: _____

Date Course Begins: _____ Date Course Ends: _____

Course Fee (the amount you are requesting from the Training Grants Program): _____

Community Service Region (check one):

- ☐ I. Northwestern Virginia
- ☐ II. Northern Virginia
- ☐ III. Southwestern Virginia
  - ☐ Roanoke Area
  - ☐ Far Southwest
- ☐ IV. Central Virginia
  - ☐ Metro Richmond Area
  - ☐ Southside Area
- ☐ V. Eastern Virginia
  - ☐ Hampton Roads/E. Shore
  - ☐ Peninsula Area
  - ☐ Northern Neck Area

Section 3 - Certification

Applicant and Site Certification: I hereby certify that the information given in this application is accurate and complete to the best of my knowledge and belief. I understand that it may be investigated and that any willful false representation is sufficient cause for rejection of this application/denial of the interpreter training grant funding. If any false representation is discovered any funds received will be returned.

Print Applicant Full Name: _____ Date: _____

Applicant Signature: _____

Print Site Representative Name: _____

Site Representative Signature: _____

For Business Use Only:
Eligible: ___ Yes ___ No

_____
Name & Signature of BRAHEC Official